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| <i>Index of Claims</i>  | Application/Control No. 10553995 | Applicant(s)/Patent Under Reexamination GRIMBLE ET AL. |
| | Examiner TERESA E STRZELECKA | Art Unit 1637 |

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| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | <input type="checkbox"/> CPA | | | | | | | | | | <input type="checkbox"/> T.D. | | | | | | | | | | <input type="checkbox"/> R.1.47 | | | | | | | | | |
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| CLAIM | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | 04/30/2008 | 01/27/2009 | 06/19/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 7 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 9 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 10 | ✓ | - | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | | ÷ | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 17 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 18 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | | ÷ | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |